PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEB and PUBLICATION FEB (ii required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and matification of maintenance fees will be mailed to the current correspondence address as indicated unless correspondence or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for demestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block: For any change of address) 23.128 7990 03/30/2030 Certificate of Mailing or Transmission NUTTER MCCLENNEN & FISH LLP I hereby certify that this Pee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (\$71) 273-2885, on the date indicated below. SEAPORT WEST 155 SEAPORT BOULEVARD BOSTON, MA 02210-2604 Cook Jack M. Depositor la brone Jack M. Cook (Silentone) 2010 June 29 Oak FIRST NAMED INVENTOR APPLICATION NO. PHANG DATE ATTORNEY DOCKET NO CONFERMATION NO 10/578,295 03/27/2007 Too Wil 22727-145 6873 TULE OF INVENTION: MULTI-SEGMENT CONE-BEAM RECONSTRUCTION SYSTEM AND METHOD FOR TOMOSYNTHESIS IMAGING APPEN, TYPE SMALL ENTITY 188'OR FREE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DOE DATE DUE feaofaireatguea YES 3755 \$300 \$3035 06/30/2010 EXAMINER ART LINET CLASS-SUBCLASS CORBETT, JOHN M 378-021000 . Change of correspondence address or indication of "Fee Address" (37 For printing on the patent front page. list CF8 1 363). Quarles & Brady, LLP (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm thaving as a member a Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Nev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as sat forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE. (B) RESIDENCE: (CITY and STATE OR COUNTRY) The General Hospital Corporation Boston, Massachusetts Please check the appropriate assignee category or categories (will not be printed on the patent) : 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following for(s) are submitted: 4b: Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 🗷 Issue Pee A check is enclosed 2 Publication Fee (No small entity discount permitted) Payment by credit card. Form FTO-2039 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 170055 (coclose an extra copy of this form). Advance Order - # of Copies ___ 5. Change in Entity Status (from status indicated above) ∴ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 4.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature / Jack M. Cook/ June 29, 2010 Jack M. Cook 56,098 Typed or printed name Registration No.

This reliection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form undress suggestions for reducing this burden, should be sent to the Chief Information Officer U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.